

FISHING TOURNAMENT APPLICATION, PERMIT, AND REPORT STATE OF IOWA

DEPARTMENT OF NATURAL RESOURCES PURSUANT TO CHAPTER 88, IOWA ADMINISTRATIVE CODE

Name of Applicant:	OFFICIAL USE ONLY
Sileel.	ournament #:
City: State: Code: Da	ate Received:// Month/Day/Year
Phone: Daytime () Evening ()	Approved by:
Email:	,
LOCATION OF TOURNAMENT	Fisheries Biologist
Lake or River: County:	Special Conditions:
(If Mississippi or Missouri River, include Pool number or mile marker)	Report Required
Access Site Requested (Ramp):	Release of live fish Multiple weigh-ins
Tournament Date:/_/_ Time: Starting Ending =	Aerated live wells Measure to length and released Designated release areas
Estimated: Number of Participants Number of Boats	Comments:
Fish Species Sought:	
Will release of live fish be practiced? (check one): ☐ Yes ☐ No —	
If yes, fish will be released (check one):	
☐ Immediately after catching (measure and release) ☐ After a weigh-in (fish are held in a live-well) ☐ What location will fish be released?:	
List up to three designated release persons:	
List any tournament-imposed restrictions on fish:	
The undersigned applicant for fishing tournament permit understands and agrees of Department of Natural Resources will be responsible for any injury to persons or dama to the activities which are subject of this application. The undersigned applicant agree and hold harmless the State of Iowa and the Department of Natural Resources against may arise in consequence of the granting of this permit.	age to property arising out of or incident es by the execution hereof to indemnify t all liabilities, cost, and expenses which
Applicant's 30 DAYS AFT	, RETURN REPORT WITHIN TER TOURNAMENT TO:
Signature:	
Title:	
Date:/ Month/Day/Year	

Stamp